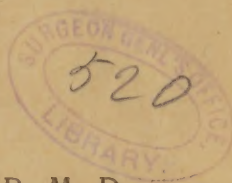


BAUER (JOS. L.)
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THE WHY AND WHEREFORE
OF
NERVOUS PROSTRATION
AND ALLIED STATES;
SOME TYPICAL ILLUSTRATIONS
OF THE
EXERCISE OF POSITIVE INDIVIDUALITY
AND CHANGE OF HABIT.



BY JOSEPH L. BAUER, M. D.,

SAINT LOUIS, MO.

**The Why and Wherefore of Nervous
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and Change
of Habit.**

BY JOSEPH L. BAUER, M. D.,
St. Louis, Mo.

Read before Bond County (Ill.) Medical
Society.

Stenographically Reported for St. Louis
MEDICAL ERA.

A few days after receiving my degree, I was hastily summoned by the Captain of a St. Louis Police District to see a woman living amidst the most squalid surroundings, and evidently burdened by a brute, whom she called husband. Their quarrels fed the gossips of the vicinage for months past, and it was known that he frequently applied persuasion, not the most delicate. There had been considerable uproar before my visit, and it was supposed that some sinister act had been perpetrated, viz., the administration of poison. Entering the room I was greeted by the frequent shrieks of the woman, caused by her own agony and her anguish as to the future of her two children. Her husband looked on with stoic indifference. Her face presented a sorrowful picture of physical suffering; her limbs were flexed; the movement of her hands being over and upon her stomach and intestines; frequent retching and vomiting added to her sufferings.

It was not long before I reached a solution of this peculiar condition, influenced materially by pre-existing information and the objective demonstrations of the patient. Arseni-

cal or some other irritant poison was the pap furnished by my toxicological knowledge, and direct examination accorded with the dominant idea. "Have you a pain there?" was asked, as I gently palpated her stomach, and was speedily answered by a scream of anguish and corporeal wriggling. And the same response greeted my efforts in the intestinal region. The pulse was frequent, full and corresponded, as I thought, with the condition supposed. Had my antidotes come out of consciousness as quickly as my diagnosis, there would have been no end to the waste of energy and material. The captain of police doubted somewhat the diagnosis made, and advised a consultation. A counsellor soon appeared, and whilst concentrating the supposed victim's attention upon matter, thoroughly foreign to the purpose of the visit, could punch and poke the stomach ad libitum and without eliciting any response whatsoever.

The result of the correct examination, established the diagnosis of what I would term true nervous prostration, in contradistinction to those forms of neurasthenia, which have a sexual origin, and which in women are so often misnamed hysteria. Indeed, this case represented the perfect passivity in all but the sensory phenomena of cerebral activity. That is to say, sensory impressions of every character had free sway, owing to the incapability of utilizing the mental vis a tergo, or rather the contral potencies of mentality. Thus, phantasies of every description, which stood in correlation to sensory exaltation and the registered experiences of the patient were in turmoil. The governor

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was out of order, and our efforts were directed towards subduing the phantasmal phenomena and give the brain a chance to rest. Sleep, "Nature's sweet restorer," undoubtedly served its best purposes.

The case presented, acted as my greatest incentive in subsequent efforts to familiarize myself with psychological inquiry, and has incited me to efforts, which have led to results, which would otherwise have been beyond my reach. The task has been assumed, therefore, of presenting a number of interesting cases illustrative of psychological vagary, and demonstrating the comparatively simple means of relief, which are not the property alone of exceptional (hypnotists, Christian science, faith curists, etc.) individuals, but are within the power of every physician of ordinary capabilities and individuality. More than this, that favorite nostrum, of most uncertain efficacy, the bromides, will be relegated to the apothecary's shelves. I firmly believe, too, that aside from the occasional administration of one or two remedies, to be mentioned further on, our influence upon these cases can be made permanent, though it must be admitted that in some it requires great patience and perseverance, under the direct and continuous influence of the physician at home or in a sanitarium.

CASE II.

Seven years ago, I was asked to see Mrs. G., aet 42, a fat woman of small stature, who had not walked for twelve years. Her husband had freely called upon the medical talent within his reach, and was forced to satisfy himself with the solace that the di-

agnosis of hysteria gave him. Though at one time quite a well to do farmer, his circumstances had been materially affected by the constant expenditure in his wife's behalf. Upon visiting her I found a well preserved German woman with pale face and flabby musculature, presenting no evidence whatever of ill health or nerve impairment, except the fixed idea that she could not walk. Her meals were regularly supplied in bed, and nature's demands assisted by the use of a bed pan. All her motions were perfect whilst in a recumbent or sitting posture, but every effort toward influencing her to walk was negatived by the response, "I cannot; if I do, I will die!"

It may seem presumptuous to state that when I asked if I could cure her, I answered affirmatively, without any reservation, excepting that I insisted upon her removal to my vicinity, away from accustomed influences. It was difficult to secure consent to this request, but after arranging a mattress upon a spring wagon, and handling her as gently as a dainty piece of bric a brac, we succeeded in overcoming all obstacles. My positive conviction that she could be relieved of this peculiar ailment (Basophobia)* rested upon the principle that her apprehension had grown to a habit or fixed idea, a condition not unusual amongst intelligent people, and very common among the ignorant. And by creating another and more potent dominant or fixed idea, I could dethrone this monomaniacal vagary and sup-

*Prof. Debove, of Paris, presented a similar case to the Hospital Medical Society of Paris, and published it in Medical Week—date of publication unknown to me.

plant it by another of greater intensity for a sufficient length of time to permit the return of the self-assertion she so much needed.

She was placed in a comfortable bed and allowed to rest until the next morning, when my treatment was to begin. This was initiated without any preliminaries. I presented a small bottle of medicine, in which a camel's hair pencil was placed. I stated succinctly and positively that her ailment depended upon some difficulty in the middle third of each thigh, and the medicine was for the purpose of restoring power. Further, I enlarged upon its great, though alarming potency, necessitating immediate locomotion lest death instantly follow our failure to observe precautions. A small quantity was suggested as primarily required and five minutes locomotion a necessary requisite. No difficulty followed the suggestion, and our patient walked with her physician during the allotted time. This was kept up for two weeks, a larger quantity of painting each day and an increase of the time limit. Upon the termination of this period she walked six miles without objection or fatigue. I considered her relieved and sent her home, admonishing her not to forget the daily painting of our mixture. Having heard excellent reports of her continued welfare, it was thought best to overcome the new formed habit. This was done by a careful examination of her limbs, and a sudden, forceful and jubilant exclamation that the two spots had recovered completely. To give her a further practical demonstration of the fact, she was advised to at-

tend a dance which she greatly enjoyed.

Somewhat similar was

CASE III.

Which concerned an American lady aet. 28, of most excellent physical heritage. Sometime after the birth of her second child, she developed neurosal phenomena, of exalted sensory impressions of general nervous distribution, though most frequently by a drawing pain in the left inguinal (groin) region, and the morbid, fixed impression that she could not walk. In fact, she had been bed fast for a year, and had passed through the gynecological grind, beginning at swabbing with iodine and terminating with electrolysis through the vaginal tissues. I was at the Union Depot when she arrived, finding her lying recumbent in a Pullman berth, and assisted in her specially cautious transportation to the Pius Hospital of this city. After some conversation of an unimportant nature, she was advised to rest and prepare for a thorough examination on the following morning.

This required but little time. Aside from a pallid, emaciated, completely prostrated, nervous individual, nothing was disclosed but galvano-lytic scars in the Douglas cul de sac. Every incentive was absent that could have warranted emasculation.*

Unfortunately, her husband was thoroughly convinced of his wife's ailment, not appreciating that nothing prevents her "idea from presenting itself with all the vividness of reality," and that she evidently cannot shake off the yoke of the "dominant

*She was referred to me for this purpose.

idea, however tyrannical, but must execute its behests." And, therefore, it was exceedingly difficult to initiate the best disciplinary methods. An idea, however, occurred to me; her attention must be concentrated upon another point of her anatomy in close relation to the imaginary drawing pain she complained of. And by following the same line of suggestion as in the preceding case, I succeeded in accomplishing the very best results without resort to medication or other than the stated means in a very short time. After three weeks' treatment she visited the Exposition and soon thereafter returned home. It is now three years since she was discharged, and there has been no return of her imaginary complaint.

The two preceding cases are types of mental perturbation which affect the future of a household to a greater extent probably than any other ailment. The continued expense, besides the undivided attention which the afflicted command, is most unfortunate. It is this class of cases, indeed, which has inspired eloquent appeals against the growing habit of submitting every woman afflicted in this manner to the mechanics of the would-be gynecologist, with his array of local panaceas. A demonstration of this absurd professional monomania was well illustrated in case three.

Whilst hope of securing her recovery might be entertained, a professional engagement necessitated a visit to New York City, and this necessitated the temporary employment of a colleague, to whom I explained the nature of my case and my modus

operandi. In an unguarded moment he made a new discovery in unison with her previous apprehensions. Complete mental disquietude, with renewal of previous phantasmagoria ensued. A telegram to New York requested my immediate return. Uncontrollable weeping and wringing of hands greeted my reappearance, and after some parleying the status quo ante was restored.

The mental peculiarities characterizing cases I. and III. belong probably to that class where subjective sensations (improperly so-called) arise from "physical impressions made upon the nerves within the body," and "just as truly belong to the Non-ego as do those made by impressions operating from without." (Inflammation, true hysteria.) And the objective cause explains the forceful sensory impressions which radiate from them. The continuance of these is what the "mind feeds upon," and being the most potential action, a mental habit is established, owing either to the subjective or limited existence of the directing or volitional power.

It may now be interesting to consider a few examples in which no locus minoris resistentia existed ab initio, from which to date the peculiar phenomena we are discussing. That is to say, that class of cases in which impressions are transmitted to the sensorium by "the nerves of the internal senses, which convey to it the results of changes taking place in the instrument of the higher psychical operations." This difference in the origin of sensorial exhibitions is the dividing line between hysteria, hy-

pochondria and nervous prostration, notwithstanding the fact that in many instances the latter frequently manifests itself in complete subjection to an idea or ideas, with an accompanying riot of sensory impulses.

CASE IV.

A year ago the father of this patient called upon me to secure some information as to an aneurism which had been mentioned in a consultation as the probable cause of his daughter's illness. The possible outcome of this incurable malady had created natural parental anxiety. After explaining its nature, I interrogated him as to ancestral and recent physical or constitutional history, and without reservation denied the probability of the diagnosis, and coupled it with a request to see the patient. This was readily granted. An engagement was made for the following morning for consultation with the family physician. I found a maiden lady, aged 32, lying recumbent in bed in great agitation. And whilst the usual preliminaries were conducted, a persistent gaze was fixed upon the patient, so as not to avoid a mutual eye to eye concentration of attention. The family physician (of twenty-five years attendance) seated himself on the side of the bed, in the endeavor to soothe her excitement in the usual sympathetic way. Close inquiry elicited the following history: An active, energetic, intellectual, overtaxed woman of limited physique, one whose energies were limitless, but whose vis a tergo was incapable of resisting unusual mental tension. She was one of those sublime characters whose anxieties are so frequently borne for the good of others.

This had been her second attack in a year, and had thus far baffled every treatment that had been bestowed upon her. Her first attack was characterized by fleeting sensory phenomena, besides local disturbance of a cardiac and aortic nature. Of course there was complete surrender to sensory phantasms of genuinely subjective character. Her present condition presented no particular aspects except intense migraine and pulsation of the gastric portion of the abdominal aorta. There was also some gastric disturbance complained of, notably nausea and belching. Constipation was persistent. On account of general lowering of nutrition, amenorrhoea had followed.

The first point which attracted my attention was the general hyperaesthesia, which seemed to moderate materially when attention was diverted to extraneous matters. Her heart was acting tumultuously, as if endeavoring to overcome a barrier. There was a distinct, oblong enlargement to the left of the spine, which seemed to push the stomach toward the parietes. The pulsations of the swelling were synchronous with the heart beat. Considerable tenderness was manifested upon the slightest pressure. A careful stethoscopic examination disclosed no abnormal sounds, which might have confirmed our suspicions that we had to deal with an aortic aneurism. A very careful search for a local cause to account for the general nervous disturbance was negative.

I had, therefore, to content myself with the diagnosis of nervous prostration, with hyperaesthetic areas, and the principal obstacle to recovery was the

complete quiescence of the powers of control which particularly manifested itself in the conviction that she could not recover. Before leaving, and whilst considering a request to return the following day, I informed my patient that recovery was certain, but was answered by the statement that "all my attendants had offered the same solace." I retorted with all the force of expression I was capable of, "that when I tell you you will recover I mean what I say." I then withdrew from her apartment and ascertained further that all the nerve sedatives and tonics in the pharmaceutical armament had been prescribed, and that the fear of a doubtful result was shared equally by her family.

It was impossible to immediately initiate the treatment, which would be ideal in her case. The objective manifestation of a genuinely subjective case was sufficient to maintain the mental habit which had been engrafted upon a mind with diminished volitional energy, and one incapable at the time of successfully comprehending the relation of cause to effect. In order, therefore, to remove the immediate mental irritant, I prescribed 1-80 grain of nitro-glycerin, to be administered three times daily.

Upon my return next morning I found the nitro-glycerin had materially reduced the arterial throbbings so much complained of; and besides suggesting some mild laxative, no change in the programme was offered. I found, however, that her mental hopelessness had materially subsided, a proof of which was manifested by the changed expression of her face. The next day my plan of education was begun,

and I commenced to argue with her that her complaint had no local origin whatever, and that all she required was a fixed resolution to endeavor to control the abnormal phenomena which successively manifested themselves. And that if she did, we would soon, probably in a few days, walk out in the garden together. The next day improvement was still more marked, and the promises of early locomotion made more emphatic. On the fifth day, against every possible resistance on her part, I assumed the responsibility of a walk which subsequently took place in the garden; and though some fatigue and slight disturbance followed, she was convinced that she could act as she had done before. From this time dates the recovery of my patient, and aside from advising nutritious articles of diet and the nitro-glycerin, nothing further was prescribed.

The first call was made on September 3d, and the last on October 29th, a period of little over four weeks requiring active attention; a comparatively short time when we consider the great degree of nervous and physical depression we had to contend with.

Very little stress is to be placed upon the medication prescribed, for, we have the statement of the patient to confirm the real reason of her rapid restoration. She has stated to me numbers of times that she recognized at my first visit that I had determined the cause of her sickness, and that my positive mannerism acted as the stimulus to awaken the slumbering energies so needful to the proper conduct of the nervous mechanism.

CASE VI.

Five years ago a young man consulted me on account of some affection of the genital organs. A treatment covering probably two or three months was required to relieve him of the then existing difficulty. I lost sight of him for a few years, when I was incidentally informed by his brother that he had been suffering for some time from a general itching over his whole body, so intense, indeed, that sleep was impossible. He informed me also, that he had consulted a large number of physicians, and was at the present time a victim of the Christian Science frenzy. Coupled with this itch were also varied mental phantasies, which led his brother to believe that insanity was probably manifesting itself. Recognizing the frequent relation of itching to mental disturbance, I felt desirous of confirming this peculiar symptom, and requested an opportunity of seeing him. This was not accomplished, however, until probably two or three months afterward, when the young man called upon me. The moment he stepped into my office I noticed the peculiar physiognomy indicative of mental disarrangement, either of a functional or organic character, and soon ascertained that he attributed his nervous breakdown to his anxieties as bookkeeper and cashier of a large mercantile house. Aside from sensory delusions of varied character, the following peculiarities were individualized: First, that he never slept; second, that he could not eat; third, that he was unable to work. I requested him to remove all his clothing, and found no cutaneous eruption to account for the itching, and no

local cause for the various phenomena.

It was not difficult to determine, at once, that all the phenomena were purely subjective, originating in the cerebrum, and that it was due to the incapability of the ego asserting itself. Now, of what value would medication have been in a case of this character? How would we combat the delusions running riot without some means of awakening the consciousness of directing power? I stated that I would not undertake the treatment of his case unless he would arrange to come to my house and submit himself to the discipline required, for everything in the therapeutic armory had been prescribed for the supposed nervous disorder, and even some of the remedies used for the relief of scabies. After some hemming and hawing, and the statement that he retired at 9 o'clock and rose at noon, he was informed that this made very little difference, and that I expected to correct him of all his bad habits. He arrived at my house in time for supper, and though he manifested an appetite commensurate with his physique, he readily sympathized with the suggestion that I (the doctor) was surprised with his very poor appetite. Taking this perversion of perception as a cue, I surmised his insomnia, which seemed to give him the greatest anxiety, was also purely subjective in character, and I determined to watch him during a part of the night. I made four or five visits between 9 p. m. and 2 a. m., and found that he slept peacefully, without somnambulistic or dreaming tendencies. He was not disturbed in the morning, and was allowed to continue his ordinary habits.

He ate an excellent breakfast and supper that day. At the supper table he was informed that we would begin our gymnastic exercises in the morning, not referring, of course, to the mental features of my plan. When I called at the appointed time he was engaged in his usual soliloquies, which I promptly checked by ordering him to get out of bed. He was somewhat nonplussed at my mandatory tone, but promptly complied. No sooner was he up than I placed myself in a pugilistic attitude, and struck him a light blow on the chest. He parried my second attempt, and this exercise was continued for twenty minutes, when cold water was freely applied to his chest and back, followed by friction with a rough towel. He was then ordered to dress and go out, and not to return to the house for half an hour. He objected strenuously, but when I proceeded to assist him in putting on his clothes, he saw that I was in earnest, and promptly complied. When he returned I allowed him to assume the recumbent position. This and similar methods of discipline ultimately relieved him of his false conceptions, and within three weeks restored him to the full possession of his mental vigor. He soon thereafter returned to his accustomed labors and there has been no recurrence of anything which might indicate the reassertion of his old phantasies.

It is of course impossible to enter into the minutiae of a subject which presents so many difficulties and anomalous peculiarities. The time allotted me, too, is too short to discuss the features even of the cases present as exhaustively as I would

like. If I have shown that to oppose a disease whose salient features are those of a complete negative by the most positive mental forces which lie in our power, I have completed my task, and I feel assured that if less attention is paid to that vast array of so-called nerve sedatives, which are after all but clumsy expedients, we shall have improved our field of therapeutics. If, too, I can assure you that results in these cases are achieved entirely apart from so-called mesmeric or odyllic force, you will be able to approach the subject with a great deal more confidence, and will not be led into the errors lately committed by Mr. Ernest Hart of London, who has evidently allowed his opinions to be colored by the general scepticism regarding so-called supernatural forces.

I trust that I have emphasized the fact that the so-called office treatment of this class of cases is worse than useless, and as this is the usual method of the nerve specialists, some other means must be contrived to reach this class of invalids. I have shown, further, that the so-called routine treatment of either hysteria or nervous prostration, which consists in exhausting the pharmaceutical laboratory is a bad plan of action, and that the individualizing of each case and the application of fundamental psychological principles is all that is required to reach, not a temporary result, as in the use of nerve sedatives, but to a permanent improvement of the individual.

I thank you for your kind attention, and trust that this superficial survey of my subject will lead to the best incentives.

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